# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Inst	rument Seria	1 No. 008890 Sparta NC
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
6	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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REAT SE	STATE OF MANY 20.1775	A CAR

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/22/2020

Citation Number: X0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 817
Test Date: 06/22/2020 Test Time: 1:00pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:01pm 1:01pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_B	us for T Instrument Location Beautor Co. Courthous
Instrument Seria	INO. 008586 112 W. 2nd ST. Washin
	11.0
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STAIL OF THE TABLE OF TABLE OF THE TABLE OF	SOUTH CAROLING TO THE PARTY OF
C QUAM VIDE	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 06/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:06pm 12:07pm 12:07pm 12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST AIR BLK	.00	12:13pm 12:13pm
HTK DUV	. 00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

1. Reed

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1616
Test Date: 06/16/2020 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:15pm 12:15pm 12:15pm 12:15pm 12:15pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

Preventive Maintenance Status: Pass

Analyst Leeve

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Coi	unty Be	Instrument Location Beauthor Co. Court	4004
Ins	trument Serial	al No. 00 8909 112 W. 2nd 57. Washi	in Tro
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhan 0,000 or higher) to be followed at least once every four months are:	iced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	
we		the day of	
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	QUAN VILLE	Signature of Certifying Official Certificate Number	er

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 06/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:15pm 12:16pm 12:17pm 12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:21pm

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 3496

Test Date: 06/16/2020 Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:23pm 12:23pm
FC	Pass	12:23pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:24pm 12:24pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	BL	ADEN Instrument Location BLADEN	COUNTY
Instrument	Serial No	DETENTI	ON CENTER
		ntenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox or higher) to be followed at least once every four months are:	atox EC/IR II (Enhanced with
(1)		Verify the ethanol gas canister displays at least 51 pounds per square inch (psi reath simulator thermometer shows 34 degrees, plus or minus .2 degree centig	
(2)	V	Verify instrument displays time and date;	
(3)	Iı	nitiate breath test sequence;	
(4)	E	Enter information as prompted;	
(5)	V	Verify instrument accuracy;	
(6)	V	When "PLEASE BLOW" appears, collect breath sample;	
(7)	V	When "PLEASE BLOW" appears, collect breath sample;	
(8)	P	Print test record;	
(9)	R	Run diagnostic program and confirm preventive maintenance status of "Pass";	and
(10	Si	Verify that the ethanol gas canister is being changed before expiration of imulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
were perfo	ormed on	day of	tive maintenance procedures e N.C. Department of Health
A STATE OF S	ATE OF A COROLLAND		
* 555E QUAN	M VILENIX	Signature of Certifying Official	Certificate Number

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 06/22/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:54am 11:55am
ACCY CHK	.08	11:55am
AIR BLK SUB TEST	.00	11:56am <b>11:58am</b>
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 1624 Test Date: 06/22/2020 Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	BLADEN Instrument Location BLADEN COUNTY
Instrument	Serial No. 008894 DETENTION CENTER
	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with per 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perfo	at on the
IE GREAT CE	HE & NORTH CARROLL CAR
* ISSE QUAN	Clu 2 3 3 - 648
	Signature of Ce tifying Official Certificate Number

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 06/22/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test g		
AIR BLK . ACCY CHK . AIR BLK . SUB TEST . AIR BLK . SUB TEST .	ass 00 08 00 <b>00</b> 00 <b>00</b>	11:57am 11:58am 11:59am 12:00pm 12:01pm 12:02pm 12:03pm 12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1238
Test Date: 06/22/2020 Test Time: 12:06pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:07pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BR	LUNSWICK Instrument Location OAK ISLAND
Instrument Seria	0
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 5 day of 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	OD 2 3
ACCOUNT AND ADDRESS OF THE PERSON AND ADDRES	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 06/05/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:13pm
AIR BLK	.00	4:14pm
ACCY CHK	.07	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1668
Test Date: 06/05/2020 Test Time: 4:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:22pm 4:22pm
FC	Pass	4:22pm 4:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:23pm 4:23pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	BRUNSWICK Instrument Location SUNSET BEACH
Instrument S	erial No. 008874 POLICE DEPT
_	
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perforn	on the
STATE OF STA	
* ESSE QUAM VI	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 06/05/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:26am 11:27am 11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 712
Test Date: 06/05/2020 Test Time: 11:33am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am
BT	Pass	11:34am

#### Blank Tests

Test	Status	Time
ATR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time

Pass

Pass

11:35am

11:35am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

CountyBu	Instrument Location Burke (o. Jail
Instrument Serial	No. 008831 Morganton, NC
^	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	ne 26 day of 500 day of 300 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE ON STA	BATH CARD
APARIL 12 1776  * SSE QUAM VITEAL*	B12/ 668
	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 06/26/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/28/2021

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:21am
ACCY CHK	.08	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2249
Test Date: 06/26/2020 Test Time: 9:28am EDT

System Check: Passed

Baseline Tests

Test	: Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
FC	Pass	9:29am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:29am
SRC	Pass	9:29am
DET	Pass	9:29am
BAR	Pass	9:29am
BT	Pass	9:29am

#### Blank Tests

Test	Status	Time
ATR	Dagg	9.29am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:30am 9:30am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Bucke Instrument Location Bucke Co. Jail
Instrument S	Serial No. 008904 Morganton, NC
	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perfor	t on the <u>26</u> day of <u>5000</u> the forgoing preventive maintenance procedures med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
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	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 06/26/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	9:36am 9:37am 9:38am 9:39am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:42am
AIR BLK	.00	9:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2491 Test Date: 06/26/2020 Test Time: 9:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

### Temperature Tests

Status	Time
Pass	9:44am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
<b>ATR</b>	Pass	9 · 45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:45am 9:45am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	aldwell Instrument Location Caldwell Co. Jail
Instrument Ser	rial No. 008719 Langia, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	on the 26 day of 300 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health the ervices, and the instrument is functioning properly.
STATE OF THE PROPERTY OF THE P	
SE GRAW AGO	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 06/26/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:41am 10:42am 10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2651 Test Date: 06/26/2020 Test Time: 10:49am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:50am 10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:51am 10:51am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	Caldwell	Instrument Location_	Caldwell (	o Janil
	Instrument Se	erial No. 00 916		Line	NC
		ve maintenance procedures for the r 10,000 or higher) to be followed			el Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas cani breath simulator thermome			(psi) of pressure, or the alcoholic intigrade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as promp	pted;		
	(5)	Verify instrument accuracy	<i>y</i> ;		
	(6)	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;		
	(7)	When "PLEASE BLOW" a	appears, collect breath sa	mple;	
	(8)	Print test record;			
	(9)	Run diagnostic program an	nd confirm preventive ma	intenance status of "Pas	ss"; and
	(10)				n date, or the alcoholic breath Icoholic Breath Simulator tests,
	I certify that on the 30 day of 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.				
A STATE OF THE PARTY OF THE PAR	O W STATE	CAROUNT	5.20	)	665
	The same of the sa		Signature of Certifying C	Official	Certificate Number
		/			

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008916 Test Date: 06/30/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008916 Test Record Number: 1537
Test Date: 06/30/2020 Test Time: 10:48am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

### Temperature Tests

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Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
The Area	CRC Tests	
Test	Status	Time

COMP Pass 10:50am CAL Pass 10:50am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Can	nden Instrument Location Canaden Co. S.O.
Instrument Seria	117 No. 008940 117 N. Carolina Huy 343, Cand
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
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THE STATE OF THE S	CAROLLE STATE OF THE STATE OF T
With the same of t	Signature of Certifying Official Certificate Number

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 06/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:58am
AIR BLK SUB TEST	.00	12:00pm
AIR BLK	.00	12:00pm 12:01pm
SUB TEST	.00	12:01pm
ATR BLK	.00	12:03pm
AIR DIII		-Lai a U - 1 W L L

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1024
Test Date: 06/09/2020 Test Time: 12:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:05pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET.	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

### Blank Tests

Test	Status	Time	
AIR	Pass	12:05pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CA	RTERET Instrument Location MOREHEAD CITY
Instrument Seria	No. 008613 POLICE DEPT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 29 day of
STATE ON A STATE ON A STATE OF A	OO THE CARGO THE
ASSE QUAM VIDEN	alung Bans 648
	Signature of Certifying Official Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008613 Test Date: 06/29/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK ACCY CHK	.00	11:14am 11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olen Zg Banz Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008613 Test Record Number: 1164
Test Date: 06/29/2020 Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:23am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24am 11:24am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Count	y_Caz	TERET Instrument Location EMERILO FSLE
Instrui	ment Serial	No. 008620 POLICE DEPT
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were p	performed of	the 25 day of 30 day of 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
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10 x 20	SE QUAM VICERLY	aluk, Bans 648
		Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 06/29/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	4:21pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 2098
Test Date: 06/29/2020 Test Time: 4:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:30pm
SRC	Pass	4:30pm
DET	Pass	4:30pm
BAR	Pass	4:30pm
BT	Pass	4:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAR	RTERET Instrument Location ATLANTIC	BENCH
Instrument Seria	al No. 008785 POLICE I	EPT.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model I 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (ps breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"	; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
were performed	the 29 day of 30 ME 20 20 the forgoing prevent on the instrument indicated above, in accordance with current regulations of twices, and the instrument is functioning properly.	ntive maintenance procedures he N.C. Department of Health
GREAT STATE ON THE	OSTITUTE OF THE PROPERTY OF TH	
SEE QUAM VIDER	Clarks Bans	648
	Signature of Certifying Official	Certificate Number

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 06/29/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	3:13pm
AIR BLK	.00	3:14pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Chu Re Bangs Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1215
Test Date: 06/29/2020 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	3:21pm 3:21pm 3:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
C	RC Tests	
Test	Status	Time
COMP	Pass	3:22pm

Preventive Maintenance Status: Pass

CAL

Pass 3:22pm

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## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

CENTER		
CENTER		
C/IR II (Enhanced with		
ressure, or the alcoholic		
or the alcoholic breath Breath Simulator tests,		
I certify that on the 29 day of 3014E, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
648		
or 1 Bre		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 06/29/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:41pm 12:42pm 12:42pm 12:43pm 12:44pm 12:45pm 12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 1987
Test Date: 06/29/2020 Test Time: 12:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:49pm 12:49pm
FC	Pass	12:49pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:49pm 12:49pm 12:49pm 12:49pm
BT	Pass	12:49pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	12.50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County C	IRTERET Instrument Location CARTERET COUNTY
Instrument Seri	al No. 008901 Instrument Location CARTERET COUNTY  DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 29 day of 501E, 20 29 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE STATE	

Certificate Number

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008901 Test Date: 06/29/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Za Banalyst

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008901 Test Record Number: 1248 Test Date: 06/29/2020 Test Time: 1:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO FC	Pass Pass	1:40pm 1:40pm

#### Temperature Tests

Test	Status	Time
DG1	5	7 40
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:41pm
CAL	Pass	1:41pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	atawag Instrument Location Catawas County
Instrument Se	rial No. 208821 Sheriffs Office
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
W STATE  OF THE	16 Maria 1656
	Signature of Certifying Official Certificate Number

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 06/12/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK ACCY CHK	.00	3:00pm 3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
ALR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2078
Test Date: 06/12/2020 Test Time: 3:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

#### Temperature Tests

Status	Time
Pass	3:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status Tim	Time
ATR	Pass	3:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance
Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Che	Instrument Location BAT Mobile Unit I  al No. DOLEG9  Farington Point Boat Azers New RC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 27 day of 5.2. , 20.2. the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A SEE CRIAM VIEWS	Signature of Certifying Official Certificate Number

#### CHATHAM COUNTY BAT MOBILE UNIT 1 180

Serial Number: 008869 Test Date: 06/27/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/12/2020-02/12/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:10pm 4:11pm 4:12pm 4:12pm 4:13pm 4:14pm 4:16pm
AIR BLK	.00	4 · 17pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### CHATHAM COUNTY BAT MOBILE UNIT 1 180

Serial Number: 008869 Test Record Number: 1050 Test Date: 06/27/2020 Test Time: 4:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

#### Temperature Tests

Test	Status	Time
DG1	<b>5</b> 0.000	4 10
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:20pm

Preventive Maintenance Status: Pass

Pass

4:20pm

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 27 day of, 2025 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

CHATHAM COUNTY BAT MOBILE UNIT 1 180

Serial Number: 008898 Test Date: 06/27/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/12/2020-02/12/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	6:30pm
AIR BLK	.00	6:31pm
ACCY CHK	.07	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:33pm
AIR BLK	.00	6:34pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHATHAM COUNTY BAT MOBILE UNIT 1 180

Serial Number: 008898 Test Record Number: 1037
Test Date: 06/27/2020 Test Time: 6:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:38pm
FLO	Pass	6:38pm
FC	Pass	6:38pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	6:39pm 6:39pm 6:39pm 6:39pm 6:39pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	6:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:39pm 6:39pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	CRAVEN Instrument Location CRAVEN COUNTY
Instrument Ser	rial No. 008732 DETENTION CENTER
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o were performed Human Se	on the <u>09</u> day of <u>Julie</u> , 20 <u>20</u> the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
STATE ON STATE	AND THE PROPERTY OF THE PROPER
APRIL 12 VITE SESE QUAM VILE	alu R, 3 cm 648
	Signature of Certifying Official Certificate Number

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Date: 06/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:30am 10:30am 10:31am 10:32am 10:33am
		10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Record Number: 2424
Test Date: 06/09/2020 Test Time: 10:36am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:38am 10:38am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	RAVEN Instrument Location HAVELOCK	
Instrument Serial	1No. 008800 POLICE	DEPT
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Into, 000 or higher) to be followed at least once every four months are:	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigra	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; a	nd
(10)	Verify that the ethanol gas canister is being changed before expiration day simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
	whenever occurs mst.	* · · · · · · · · · · · · · · · · · · ·
I certify that on t were performed and Human Serv	he Of day of	ve maintenance procedures N.C. Department of Health
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THE STATE OF THE S	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 06/09/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:41pm 2:41pm 2:42pm 2:43pm 2:44pm 2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1286
Test Date: 06/09/2020 Test Time: 2:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:48pm 2:48pm
FC	Pass	2:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	2:49pm 2:49pm
СПП	Idbb	2.45pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	CRAVEN Instrument Location NEW BERN POLICE DE
Instrument S	erial No
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 09 day of JUNE, 2020 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
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ASE QUAM V	Construe of Christing Official Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:37am 11:38am 11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1560 Test Date: 06/09/2020 Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:45am
FC	Pass	11:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:46am 11:46am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	CRAVEN Instrument Location MCA5
	Instrument S	Serial No. 010819 CHERRY POINT
		ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
í	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were perfor	on the Of day of June , 20 Zothe forgoing preventive maintenance procedures med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
	THE STAT	E ONO
	15	
	APRIL 12 IS SE QUAM	alu Ry Bans 648
		Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 06/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:59pm 2:00pm 2:00pm 2:01pm 2:02pm 2:03pm
SUB TEST	.00	2:04pm
ATR BLK	. 00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 615 Test Date: 06/09/2020 Test Time: 2:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:07pm 2:07pm
FC	Pass	2:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

Ånalyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Civ	Instrument Location Currituck (0.5.0.
Instrument Seri	al No. DO 8947 407. A Maple Rd. Maple Rd. Maple A.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day o
CREATE OF STATE OF ST	ACARONAL CAROLINA CAR
A STOR QUAM VIDEO	Xu () 643
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 06/09/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:13am 11:14am 11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
ATR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 2638
Test Date: 06/09/2020 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

11:22am

Pass 11:22am

COMP

CAL

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## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
se	(1)	0,000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
	(1)	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		with -
W		the day of, 20the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health crycices, and the instrument is functioning properly.
	OF THE STATE OF	
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	ELL	

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 06/10/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test g/210L Time

DIAG	Pass	11:09am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2362
Test Date: 06/10/2020 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17am 11:17am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Du				
	Instrument Serial	No. 008858 POLICE DEPT.			
	ś <del> </del>				
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:			
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
	(2)	Verify instrument displays time and date;			
	(3)	Initiate breath test sequence;			
	(4)	Enter information as prompted;			
	(5)	Verify instrument accuracy;			
	(6)	When "PLEASE BLOW" appears, collect breath sample;			
	(7)	When "PLEASE BLOW" appears, collect breath sample;			
	(8)	Print test record;			
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
	were performed of	the 22 day of 30 de , 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.			
	THE STATE OF THE S	alu 2, Burs 648			
V		Signature of Certifying Official Certificate Number			

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 06/22/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	2.1000
DIAG	Pass	3:18pm
AIR BLK	.00	3:18pm
ACCY CHK	.08	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Re Bano Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 1048 Test Date: 06/22/2020 Test Time: 3:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:28pm 3:28pm
FC	Pass	3:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:29pm 3:29pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County DUI	PLIN Instrument Location DUPLINI COUNTY				
Instrument Serial	No. 008864 Instrument Location DUPLINI COUNTY  DETENTION CENTER				
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:				
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;				
(2)	Verify instrument displays time and date;				
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, collect breath sample;				
(7)	When "PLEASE BLOW" appears, collect breath sample;				
(8)	Print test record;				
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and				
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.				
were performed of	the 22 day of 2020 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.				
STATE ON STATE ON STATE OF STA	SAROLL SA				
APRIL 12 1776	al 12 13 cms 648				
-435335	Signature of Certifying Official Certificate Number				

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 06/22/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	5:01pm 5:02pm
ACCY CHK	.07	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 3871 Test Date: 06/22/2020 Test Time: 5:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:10pm 5:10pm
FC	Pass	5:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:11pm
CAL	Pass	5:11pm

Preventive Maintenance Status: Pass

alu Ray Bens

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 601	Instrument Location Gibsurville	PD
Instrument Seria	1No.008812 129 W. HAIN S	of Consumulle, NC
•	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 1,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
were performed	the	
d THE STATE OF		
Olian Man	CAROLLE STORY	6/2
White the same of	Signature of Certifying Official	Certificate Number

#### GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 06/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Analyst's Name: BARNES, STOKES

Driver's License Number: NONE

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	11:11am 11:12am
ACCY CHK AIR BLK	.08	11:13am 11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3484
Test Date: 06/12/2020 Test Time: 11:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Cou	nty GU	IL FORD	Instrument Location	GREENSB	ORO I	DAIL
Insti	rument Serial	No. 008638	-	GREENB	'0R0	
		naintenance procedures for th ,000 or higher) to be followe			l Intox EC/IR II	(Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome				or the alcoholic
	(2)	Verify instrument displays	s time and date;			
	(3)	Initiate breath test sequence	ce;			
	(4)	Enter information as prom	pted;			
	(5)	Verify instrument accurac	y;			
	(6)	When "PLEASE BLOW"	appears, collect breath	sample;		
	(7)	When "PLEASE BLOW"	appears, collect breath	sample;		
	(8)	Print test record;			¥	
	(9)	Run diagnostic program a	nd confirm preventive r	naintenance status of "Pas	ss"; and	
	(10)	Verify that the ethanol simulator solution is being whichever occurs first.				
wei		the day of on the instrument indicated vices, and the instrument is fu	above, in accordance v	0 the forgoing previate of the current regulations of		
WE GREAT SE	O WE STATE OF MY 20. 170 M	ORDIN CAROUNA			lolo	57
	-43333	·	Signature of Certifyin	g Official	Certificate	e Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 06/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	2:10pm 2:11pm
ACCY CHK	.08	2:12pm
AIR BLK SUB TEST	.00	2:13pm 2:14pm
AIR BLK	.00	2:14pm 2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4512 Test Date: 06/26/2020 Test Time: 2:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:18pm 2:18pm
FC	Pass	2:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:19pm
CAL	Pass	2:19pm

Preventive Maintenance Status: Pass



## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County <u>GU</u>	Instrument Location GREENSBORD JAIL
Instrument Seria	INO. COS 790 GREENSBORD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	day of
STATE OF THE STATE	A CALLED AND A CAL

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 06/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

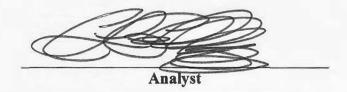
Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6894
Test Date: 06/26/2020 Test Time: 2:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

#### Temperature Tests

Test	Status	Time
FC1	Dagg	2:28pm
	Pass	
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:29pm 2:29pm

Preventive Maintenance Status: Pass

Analysi

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County GU	11LFORD Instrument Location GR	EENSBORO JAIL
Instrument Seria	No. 008794 GPE	ENSBORO
	naintenance procedures for the Intoximeters, Model Intox EC/IR 1,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per s breath simulator thermometer shows 34 degrees, plus or minus.	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance st	tatus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
were performed	the day of , 20, the following the instrument indicated above, in accordance with current revices, and the instrument is functioning properly.	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
STATE OF THE PROPERTY OF THE P	SARO SARO SARO SARO SARO SARO SARO SARO	
THE QUAM VICEN	Signature of Certifying Official	Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 06/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

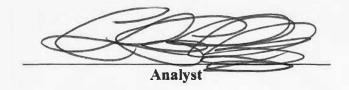
Lot Number: AG007601 Exp Date: 03/16/2022

g/210L	Time
Pass	2:01pm
.00	2:02pm
.08	2:02pm
.00	2:03pm
.00	2:04pm
.00	2:04pm
.00	2:06pm
.00	2:07pm
	Pass .00 .08 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6927
Test Date: 06/26/2020 Test Time: 2:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

#### Temperature Tests

	2:08pm
FC1 Pass SRC Pass DET Pass BAR Pass	2:08pm 2:08pm 2:08pm
BT Pass	2:08pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2 · 0.9pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Hen	No. 008606 Instrument Location Hende	rson Co. Jail
	Instrument Serial	No. 008606 Hende	rsonville, NC
		naintenance procedures for the Intoximeters, Model Intox EC/IR I. 000 or higher) to be followed at least once every four months are:	
	(1)	Verify the ethanol gas canister displays at least 51 pounds per so breath simulator thermometer shows 34 degrees, plus or minus.	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
}	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance st	atus of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or a whichever occurs first.	
	were performed	he 22 day of , 2020 the form on the instrument indicated above, in accordance with current relices, and the instrument is functioning properly.	
	TO HE STATE OF NO.	CALL CATA	635
ç	With the same of t	Signature of Certifying Official	Certificate Number

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008606 Test Date: 06/22/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	2:37pm 2:38pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008606 Test Record Number: 351 Test Date: 06/22/2020 Test Time: 2:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:45pm 2:45pm 2:45pm 2:45pm 2:45pm
B.I.	Pass	2:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_OR	Instrument Location_11.11shows 2 Po	
Instrument Seri	al No. 008799 127 N. Chutm	ST 11.11sburgh, NE
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 All whichever occurs first.	
were performed	the 12 day of 2020 the forgoing previous, and the instrument indicated above, in accordance with current regulations of twices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
THE STATE OF THE S	SAR	662
43.53	Signature of Certifying Official	Certificate Number

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:25am
AIR BLK	.00	9:25am
ACCY CHK	.08	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3224 Test Date: 06/12/2020 Test Time: 9:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:32am 9:32am
FC	Pass	9:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
DET	Pass	9:32am
BAR	Pass	9:32am
BT	Pass	9:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:33am
CAL	Pass	9:33am

Preventive Maintenance Status: Pass

Adalyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_	HOKE	Instrument	Location_HOKE C	6. DETENTION CENTE
Instrumer	nt Serial No.	08855	RAEFORE	D, N.C:
		e procedures for the Intoximeters her) to be followed at least once		Model Intox EC/IR II (Enhanced with
(1		ne ethanol gas canister displays at mulator thermometer shows 34 d		nch (psi) of pressure, or the alcoholic ee centigrade;
(2	2) Verify i	nstrument displays time and date;		
(3	3) Initiate	preath test sequence;		
(4	4) Enter in	formation as prompted;		
(:	5) Verify i	nstrument accuracy;		
((	6) When "	PLEASE BLOW" appears, collec	t breath sample;	
('	7) When "	PLEASE BLOW" appears, collec	t breath sample;	
(	8) Print tes	t record;		
(	9) Run dia	gnostic program and confirm prev	ventive maintenance status of	"Pass"; and
(	simulat			ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were per	formed on the ins	day of	rdance with current regulation	preventive maintenance procedures ons of the N.C. Department of Health
OF THE	STATE OF ACT			
3	Y S	S		
13/13/		1.07	72	117
0 352 P	CLIAM VICENT	Simulation of the second of th	Certifying Official	Certificate Number
		Signature of C	CHITYINE OTHCIAL	Certificate Nulliber

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/29/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/17/2020-02/17/2022

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:43pm 12:44pm 12:45pm 12:46pm 12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1568
Test Date: 06/29/2020 Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	1:12pm 1:12pm 1:12pm 1:12pm 1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time

-	1000	Deacab	TIME
			1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No. Do 8970 Morsess 16 PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF THE STATE	A CARGO CONTRACTOR OF THE CARG

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 06/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	8:18pm
AIR BLK	.00	8:19pm
ACCY CHK	.08	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 732 Test Date: 06/19/2020 Test Time: 8:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:25pm 8:25pm
FC	Pass	8:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:26pm
SRC	Pass	8:26pm
DET	Pass	8:26pm
BAR	Pass	8:26pm
BT	Pass	8:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:26pm
CAL	Pass	8:27pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No. 008173 Mooreso.lle PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 17 day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
ONE STATE OF THE S	
1 ANIL 12 1776	Ch v 2 1 658

IREDELL COUNTY BAT MOBILE UNIT 02 480

> Serial Number: 008973 Test Date: 06/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:19pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
ATR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

#### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Record Number: 801 Test Date: 06/19/2020 Test Time: 8:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:26pm 8:26pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Jack	Instrument Location Jackson	Co. Jail
Instrument Seria	No. 008708 Sylva	NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II as,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 d	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
were performed	the 30 day of, 2030 the forgoton the instrument indicated above, in accordance with current regularices, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
STATE OF THE STATE	O THE CARD	
ACCE QUAM VICENIA	Deil R. Cuth	635
	Signature of Certifying Official	Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 06/30/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	10:14am 10:16am
ACCY CHK AIR BLK	.08	10:16am 10:17am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST AIR BLK	.00	<b>10:20am</b> 10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1503
Test Date: 06/30/2020 Test Time: 10:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:23am 10:23am
FC	Pass	10:23am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:23am 10:23am
DET	Pass Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am

CAL Pass 10:24am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Jac	Instrument Location Jackson Co. Jail No. 008722 Sylva, NC
	Instrument Seria	No. 008722 Sylva, NC
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
}	(5)	Verify instrument accuracy;
/.	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	day of
	THE STATE OF ANY TO THE STATE OF THE STATE O	AROUND CAROUND TO THE PARTY OF
	# SSE QUAM VIDER!	Crif R. Cuth 635
١		Signature of Certifying Official Certificate Number

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 06/30/2020

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
07/12/2019-07/12/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	10:15am 10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1210 Test Date: 06/30/2020 Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:24am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:24am
SRC	Pass	10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:24am

CAL Pass 10:24am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County To	HNSTON Instrument Location JOHNSTON C	O. DETENTION GE
Instrument Seria	SMITHFIELL	D, NC
-		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model In 0,000 or higher) to be followed at least once every four months are:	tox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) breath simulator thermometer shows 34 degrees, plus or minus .2 degree centig	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass";	and
(10)	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	
were performed	the 19 day of	tive maintenance procedures e N.C. Department of Health
STATE OF WE STATE		1/-
THE QUAM VILAN	Signature of Certifying Official	Certificate Number

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 06/19/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

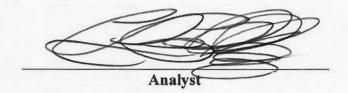
Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:54pm
ACCY CHK	. 08	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court GVR



#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 4124
Test Date: 06/19/2020 Test Time: 4:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:03pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:03pm 4:03pm
DET	Pass	4:03pm
BAR BT	Pass Pass	4:03pm 4:03pm
DI	rass	4:03pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4 · 03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:04pm
CAL	Pass	4:04pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County To	HNSTON Instrument Location_ JOHNSTON CO. DETENTION CO.
Instrument Serial	No. 008846 SMITHFIELD, NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
THE STATE OF A	
SEE GRAW MEET	667
With the state of	Signature of Certifying Official Certificate Number

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 06/19/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/17/2020-02/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

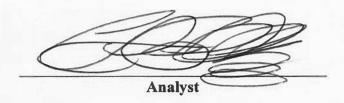
Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:00pm 4:00pm 4:01pm
AIR BLK	.00	4:02pm
SUB TEST AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm 4:05pm
AIR BLK	.00	4:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 5170 Test Date: 06/19/2020 Test Time: 4:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_Len	Instrument Location Kinston	
Instrument Seria	205 E. King	St., Kinshon,
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
were performed	the day of day o	entive maintenance procedures the N.C. Department of Health
STATE OF THE STATE		6V3
ACAM AND	Signature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:10am 10:10am 10:11am 10:12am <b>10:13am</b> 10:14am
SUB TEST	.00	10:15am
ATR BLK	0.0	10.16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1857
Test Date: 06/08/2020 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test S	tatus	Time
FLO P	ass ass ass	10:17am 10:17am 10:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

CAL Pass 10:18am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument	Location Lengir (6)	S. O.
Instrument Seri	al No. 108639	130 Queen	St., Kinston, N
	maintenance procedures for the Intoximeter 0,000 or higher) to be followed at least once		el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays breath simulator thermometer shows 34		
(2)	Verify instrument displays time and date	3**	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, colle	ct breath sample;	
(7)	When "PLEASE BLOW" appears, colle	ct breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm pro	eventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister i simulator solution is being changed e whichever occurs first.		
were performe	the day of d on the instrument indicated above, in acc rvices, and the instrument is functioning pro	ordance with current regulations	eventive maintenance procedures of the N.C. Department of Health
THE STATE OF THE S	SOLIH CAROUNG		
COS GLIAM VIDER	- Auto-	Certifying Official	Certificate Number
	Signature of	Certifying Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3432 Test Date: 06/08/2020 Test Time: 10:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

CAL Pass 10:56am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Сс	ounty_ <u></u> in	coln Instrument Location Lincoln County 50
Ins	strument Seria	No. 008827 700 John Howell Memorial Dr.
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	ere performed	the
GREAT CO.	STATE OF LEAST OF LAND AND LAND L	Signature of Certifying Official Certificate Number

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 06/26/2020

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hays, Mark D Permit Number: 0011-3099 Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 3348
Test Date: 06/26/2020 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:17am 10:17am
FC	Pass	10:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

#### Blank Tests

Test	Status	Time	
ATR	Pass	10.18am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_Me	Instrument Location CMPD - LEC
Instrument Ser	ial No. <u>008594</u>
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the 36 day of 302 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	15 CS (CS) (CS) (CS) (CS) (CS) (CS) (CS) (
)	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 06/30/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
ATR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 4639
Test Date: 06/30/2020 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

#### Temperature Tests

Status	Time
Pass	10:48am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Status	Time
Pass	10:48am
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Č(	Mecklenburg County  Sheriff Office
mstrument Seria	- 1/c/ 1/1 0 00 / ce
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of 3 wh 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 06/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG933901 Exp Date: 12/05/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:13am 11:14am 11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4834 Test Date: 06/30/2020 Test Time: 11:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:22am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

## Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:22am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Соι	unty Mcc	Klinding Instrument Location Hunderville Police Department
Inst	rument Seria	II No. 008747
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
we	re performed	the day of day of 2000, 2000 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
AR GREAT SC.	O ME STATE OF	
4	TOTAL 12 17TH	Signature of Certifying Official Certificate Number

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#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 06/30/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099
Effective:
11/13/2019-11/13/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:16pm 1:17pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2782 Test Date: 06/30/2020 Test Time: 1:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:25pm	

#### Printer Tests

Test	Status	TIME
PRNT	Pass	1:25pm

Status Time

#### CRC Tests

Test Stat	us Time
COMP Pass CAL Pass	

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW	HAMOVER Instrument Location NEW HANOVER COUNTY
Instrument Serial	No. 008617 DETENTION CENTER
	182
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 26 day of 504E, 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF AND THE STATE OF THE STATE OF AND THE STATE OF THE STAT	
* SSE QUAM VICENT	alm kg Bus 648
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Date: 06/26/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:32am 10:33am 10:33am 10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ala Ry Bonne Analyst

#### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 3297 Test Date: 06/26/2020 Test Time: 10:41am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41am 10:41am
FC	Pass	10:41am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

#### Blank Tests

Test	Status	Time
ATR	Pagg	10.42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42am 10:42am

Preventive Maintenance Status: Pass

alun Rg Bans Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW	HANOVER Instrument Location NEW HANOVER COUNTY
Instrument Serial I	HANOVER Instrument Location NEW HANOVER COUNTY  NO. 008626  DETENTION CENTER
	intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 00 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed o	the 126 day of 1016, 2010 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ees, and the instrument is functioning properly.
A STATE OF ANY O	
* ISSE QUAM VIDER *	ale Kg Ban 648
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008626 Test Date: 06/26/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 06/01/2019-06/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG934001

Exp Date: 12/06/2021

q/210L Time Test DIAG Pass 10:37am AIR BLK .00 10:39am
ACCY CHK .08 10:39am
AIR BLK .00 10:40am
SUB TEST .00 10:41am
AIR BLK .00 10:42am
SUB TEST .00

SUB TEST .00 10:44am AIR BLK .00 10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Rg Bows Analyst

#### NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 7766
Test Date: 06/26/2020 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49am 10:49am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW	HAMOVER Instrument Location WILMINGTON  No. 008628 POLICE DEPT
Instrument Serial	No. 008628 POLICE DEPT
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	ne 26 day of 5000, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE ON STATE ON STATE ON STATE OF STA	The CARO
ARRIE 12 1776  ASSE QUAM VICEN	alen Rg Bang 648
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 06/01/2019-06/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celu Ry Ban Analyst

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 5308
Test Date: 06/26/2020 Test Time: 2:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	2:14pm 2:14pm
FC	Pass	2:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

Test Status Time

PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:15p CAL Pass 2:15p	

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW	HAMOVER Instrument Location CA	ZOLIVA	BEACH
Instrument Serial	No. 008661 Pe	DLICE	DEPT.
	e i		
	aintenance procedures for the Intoximeters, Model Intox EC/II		ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds pe breath simulator thermometer shows 34 degrees, plus or minu		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"	and
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months or whichever occurs first.		
were performed of	e 30 day of JUNE, 20 20 the n the instrument indicated above, in accordance with current ces, and the instrument is functioning properly.	regulations of the	tive maintenance procedures ne N.C. Department of Health
O THE STATE OF AND THE STATE OF THE STATE OF AND THE STATE OF THE ST			
3	CARO		
APRIL 12 1770	alu Rg Bu		648
	Signature of Certifying Official		Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 06/30/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 06/01/2019-06/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:12am 10:13am 10:14am 10:15am 10:15am 10:16am 10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Che Ry Bons Analyst

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 2667 Test Date: 06/30/2020 Test Time: 10:24am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:24am 10:24am
FC	Pass	10:24am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:24am 10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County NEW	No. 008667 Instrument Location WRIGHTSVILLE BEACH POLICE DEPT
	Instrument Serial	No. 008667 POLICE DEPT
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
Ý.	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	ne OS day of JONE, 20 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	THE STATE OF THE S	
	# SSE QUAM VILENX	al- K, 13 - 648
		Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	3:52pm 3:53pm
ACCY CHK AIR BLK	.08	3:54pm 3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1996

Test Date: 06/08/2020 Test Time: 3:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:59pm 3:59pm
FC	Pass	4:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Cou	intyC	Instrument Location CAMP LEJEUNE
Inst	rument Seria	al No. 008922 PMO
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
wer	e performed	the day of, 20_20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
GREAT SEA	O THE STATE OF A	OMAN CAROL
W.E.	ASSE QUAM VILLER	alu Kg Bons 648
		Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Date: 06/01/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	3:30pm 3:31pm 3:31pm 3:32pm 3:33pm 3:34pm 3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Record Number: 309
Test Date: 06/01/2020 Test Time: 3:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:37pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	3:37pm 3:37pm 3:37pm 3:37pm
BT	Pass	3:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:38pm
CAL	Pass	3:38pm

Preventive Maintenance Status: Pass

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## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

-	Instrument Location BAT Mobile Unit  al No. 008698  Sneads Ferry
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the day of day o
STO QUAM VIDER	12 Chart 665

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Date: 06/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

09/23/2019-09/23/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:30pm
AIR BLK	.00	10:31pm
ACCY CHK	.08	10:32pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm

Reported AC: /00 g/210L

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Signature of Chemical Analyst

Court CVR

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#### ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Record Number: 1536
Test Date: 06/19/2020 Test Time: 10:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:44pm 10:44pm
FLO	Pass	
FC	Pass	10:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45pm 10:45pm

Preventive Maintenance Status: Pass

Malyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		al No. 00 8788 Snead	
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	I Model Intox EC/IR II (Ennanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
were	performed	the 19 day of June, 20 20 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
THE GREATS	APRIL 12.07E	Signature of Certifying Official	6 6 5 Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 06/19/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
09/23/2019-09/23/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:29pm 10:30pm 10:31pm 10:33pm 10:33pm 10:35pm 10:36pm
	//	

Reported AC: /.00 g/2101

Signature of Chemical Analyst

Court CVR

MacAnalyst

#### ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1521
Test Date: 06/19/2020 Test Time: 10:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40pm 10:40pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County_	PE	MDER	Instrument Location	PEHDER	COUNTY
	Instrume	nt Serial I	No. 0089,35	-	DETENTI	ON CENTER
			uintenance procedures for the 00 or higher) to be followed			tox EC/IR II (Enhanced with
	(:	1)	Verify the ethanol gas canist breath simulator thermometer			of pressure, or the alcoholic grade;
	(2	2)	Verify instrument displays ti	me and date;		
	(3	3)	Initiate breath test sequence;			
	(4	1)	Enter information as prompt	ed;		
1	(5	5)	Verify instrument accuracy;			
	(6	5)	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
	(	7)	When "PLEASE BLOW" ap	pears, collect breath samp	le;	
	(8	3)	Print test record;			
	(9	9)	Run diagnostic program and	confirm preventive mainte	enance status of "Pass";	and
	(	10)				ate, or the alcoholic breath olic Breath Simulator tests,
	I certify t were per	hat on the formed or an Servic	day of	ove, in accordance with cotioning properly.	the forgoing prevent current regulations of the	ive maintenance procedures e N.C. Department of Health
	CALLY SELVICE	TATE OF THE STATE	CAROL	Re Bo		648
	ALC:	ATTE STATE OF THE PARTY OF THE	S	ignature of Certifying Offi	icial	Certificate Number

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 06/08/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Rg Bonos
Analyst

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 2639
Test Date: 06/08/2020 Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:53am 11:53am 11:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance Status: Pass

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## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	PENDER Instrument Location PENDER COUNTY
Instrument Seria	INO. 008946 DETENTION CENTE
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of 20 2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A THE STATE OF A	CAROLLI CAROLL
APRIL 12 1776	Signature of Certifying Official Certificate Number
	Signature officernitying Official Certificate Number

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:46am 11:46am 11:47am 11:48am 11:49am
	.00	
AIR BLK SUB TEST	.00	11:50am 11:51am
ATR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg Banes
Analyst

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008946 Test Record Number: 1099
Test Date: 06/08/2020 Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.54am

Preventive Maintenance Status: Pass

CAL

Analyst

Pass 11:54am

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	Instrument Location PENDER COUNTY
	Instrument Serial	NO. 008948 GOVERDMENT ANNEX
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	the OS day of
	THE STATE OF THE S	CANO
	APRIL 12 1776	Men Rg Bans 648
6		Signature of Certifying Official Certificate Number

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 06/08/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	5:36pm 5:36pm
ACCY CHK	.08	5:37pm
AIR BLK SUB TEST	.00	5:38pm <b>5:38pm</b>
AIR BLK	.00	5:39pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rg 3---Analyst

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1007
Test Date: 06/08/2020 Test Time: 5:42pm EDT

System Check: Passed

#### Baseline Tests

Test St	acas	Time
IR Pa FLO Pa FC Pa	SS	5:42pm 5:42pm 5:43pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	5:43pm 5:43pm 5:43pm 5:43pm
BT	Pass	5:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:44pm
CAL	Pass	5:44pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohologope breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the day of day	Instrument Series	Instrument Location flog in Manager All No. 008931	hurch ST., Hertford
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.			Model Intox EC/IR 11 (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the 30 day of 30 day	(1)		
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the 30 th day of 100 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the 30 day of	(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the 30 day of 30 day o	(4)	Enter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatmulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  1 certify that on the 30 4 day of 20 20 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	(5)	Verify instrument accuracy;	
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breast simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the day of da	(7)	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	(8)	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
were performed on the institution indicated above, in accordance with current regulations of the N.C. Department of He	(10)	simulator solution is being changed every four months or after 1	
The STATE OF THE S	were performe	d on the instrument indicated above, in accordance with current regulati	g preventive maintenance procedures ions of the N.C. Department of Health
as cum visus	STATE OF STA	To are a second	
Signature of Certifying Official Certificate Number	SEE QUAM VITER	fined A. Keel	647

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 06/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finzan Vicell

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 941
Test Date: 06/30/2020 Test Time: 1:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

#### Temperature Tests

	39pm
	:39pm
	:39pm
	:39pm
BT Pass 1:	:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_P+	+	Instrument Location PHC	. Detention Center
Instrument Seria	al No. 003668	124 Ne.	- Hope Rd Groon-il
		he Intoximeters, Model Intox EC/IR II ed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 pounds per sq eter shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequen	ce;	
(4)	Enter information as pron	npted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	and confirm preventive maintenance sta	tus of "Pass"; and
(10)			e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
		above, in accordance with current reg	going preventive maintenance procedures gulations of the N.C. Department of Health
AND STATE OF	JOSEPH CAROUND		643
ALL THE STATE OF T		Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 06/11/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 3612
Test Date: 06/11/2020 Test Time: 2:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	2:50pm 2:50pm 2:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:51pm 2:51pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County Roc	Kingham Instrument Location Eden
	Instrument Serial	No. 008636 Police Dept.
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
6	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	he
	STATE ON STATE ON STATE OF STA	
	QUAM VICE	Signature of Certifying Official Certificate Number
1		

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 06/04/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

06/01/2019-00/00/0000

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:08pm 7:09pm 7:10pm 7:11pm <b>7:11pm</b>
AIR BLK	.00	7:12pm
SUB TEST AIR BLK	.00	7:14pm 7:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2066
Test Date: 06/04/2020 Test Time: 7:15pm EDT

System Check: Passed

#### Baseline Tests

Test S	Status	Time
FLO I	Pass Pass Pass	7:16pm 7:16pm 7:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:16pm
SRC	Pass	7:16pm
DET	Pass	7:16pm
BAR	Pass	7:16pm
BT	Pass	7:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:17pm 7:17pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the abreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;	
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the abreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;	11
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;	ed with
<ul> <li>(3) Initiate breath test sequence;</li> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	coholic
<ul> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	
<ul><li>(5) Verify instrument accuracy;</li><li>(6) When "PLEASE BLOW" appears, collect breath sample;</li></ul>	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample:	
(8) Print test record;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	
I certify that on the day of, 20 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	ocedures f Health
THE STATE OF THE S	
Signature of Certifying Official Certificate Number	

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-00/00/0000

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	5:35pm
AIR BLK	.00	5:36pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1209
Test Date: 06/08/2020 Test Time: 5:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:43pm 5:43pm
FC	Pass	5:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:44pm 5:44pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

In:	ounty_/10(	Instrument Location Books place Co. III
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
W	ere performed	the
A DEAN	APPEL ED TIPE	CAROLLINE CAROLL
1		Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 06/08/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	6:48pm
AIR BLK	.00	6:49pm
ACCY CHK	.08	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2980
Test Date: 06/08/2020 Test Time: 6:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:57pm
SRC	Pass	6:57pm
DET	Pass	6:57pm
BAR	Pass	6:57pm
BT	Pass	6:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:58pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Ro	Kingham Instrument Location Machison
Instrument Seri	ial No. 008802- Police Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the
THE STATE OF THE PROPERTY OF T	A CAROLLAND AND A CAROLLAND A
The same	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 06/08/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	7:41pm 7:42pm
ACCY CHK	.08	7:42pm
AIR BLK SUB TEST	.00	7:43pm 7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analysic

Court CVR

Analyst

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 874
Test Date: 06/08/2020 Test Time: 7:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:49pm 7:49pm 7:49pm 7:49pm 7:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:50pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

7:50pm

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
wer		the day of June, 2000 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE GREAT SEA	THE STATE OF THE S	Self-Carolina (6.56)

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 06/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hays, Mark D

Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:39am 10:40am 10:40am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1587 Test Date: 06/10/2020 Test Time: 10:47am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47am 10:47am
FC	Pass	10:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:48am

Pass

10:48am

Preventive Maintenance Status: Pass

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	0,000 or higher) to be followed at least once every four mont	hs are:	
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or r		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;	:	
(7)	When "PLEASE BLOW" appears, collect breath sample:	;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive mainten	ance status of "Pass"	'; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.		
were performe	day of		ntive maintenance procethe N.C. Department of I
Sen and Sen an		•	
S S S S S S S S S S S S S S S S S S S	CARO	*	
The same	13		1 200

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 06/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1136
Test Date: 06/10/2020 Test Time: 3:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	3:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:33pm
CAL	Pass	3:33pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

(	County 57	okes Instrument Location King Police
I	Instrument Serial	No. 008610 Department
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	the
	STATE OF CILIAN VIEW	ORTH CAROLLES AND
1		Signature of Certifying Official Certificate Number
1		

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Date: 06/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:30pm 12:31pm 12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STOKES COUNTY KING P D 840

Serial Number: 008610 Test Record Number: 2130 Test Date: 06/12/2020 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 5	Instrument Location Elkin
Instrument Ser	ial No. 009626 Dolice Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the, 20 2 Othe forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
THE STATE OF THE S	
William .	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 06/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 899
Test Date: 06/17/2020 Test Time: 3:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	3:10pm 3:10pm 3:11pm

#### Temperature Tests

FC1 Pass 3:11 SRC Pass 3:11 DET Pass 3:11 BAR Pass 3:11 BT Pass 3:11	pm pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The pr		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model I 000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at least 51 pounds per square inch (ps	ntox EC/IR II (Enhanced with
	number 10,	000 or higher) to be followed at least once every four months are:	ntox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (ps	
		breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass'	'; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
were	performed	he	ntive maintenance procedures the N.C. Department of Health
THE CREATER	STATE OF A	CAROLINA CAR	
All of the second	QUAM VICES	Signature of Certifying Official	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:27pm 1:28pm 1:28pm 1:29pm 1:30pm 1:31pm 1:32pm
AIR BLK	. 0 0	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Gourt GVR

Analyst

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2121
Test Date: 06/17/2020 Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:36pm 1:36pm
FC	Pass	1:36pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:36pm 1:36pm 1:36pm 1:36pm 1:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm

Preventive Maintenance Status: Pass

Pass

1:37pm

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Co	ounty <u>50</u>	Instrument Location Pilot Mountain  Police Description
In	strument Seria	INO. 008938 Police Department
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
4	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
V	vere performed	the, 20
	THE STATE OF THE S	CAROLL SALES OF THE SALES OF TH
	ATTE ON VICENTA	649
1		Signature of Certifying Official Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 06/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:39pm 2:40pm 2:41pm 2:42pm 2:42pm 2:43pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 680 Test Date: 06/19/2020 Test Time: 2:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:48pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:48pm

Preventive Maintenance Status: Pass

Pass

2:48pm

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Instrument Location Mount Sign
Instrument Seria	No. 008943 Police Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the, 20, 20
STATE OF STA	
COAM VILL	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
5556		
DIAG	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2207
Test Date: 06/19/2020 Test Time: 1:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 5w	ain	Instrument Location_	Swain	Co. Ja	9
Instrument Serial	No. 008727	_	Bryson	City	NC
	aintenance procedures for the			del Intox EC/IR II (I	Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermome				r the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	<b>7</b> ;			
(6)	When "PLEASE BLOW" a	appears, collect breath sa	mple;		
(7)	When "PLEASE BLOW" a	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive ma	intenance status of "I	Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
were performed	ne day of on the instrument indicated a ces, and the instrument is fur	above, in accordance wi	the forgoing p	reventive maintenant of the N.C. Departs	ce procedures nent of Health
STATE OF A	BAH CARONI				
Ster QUAM VILLEN			OCC -:-1	66	5
		Signature of Certifying	Official	Certificate N	lumber

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 06/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C

Permit Number: 24801E

Effective:

07/01/2019-07/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:48am 11:49am
ACCY CHK AIR BLK	.07 .00	11:49am 11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1349
Test Date: 06/19/2020 Test Time: 11:56am EDT

System Check: Passed

#### Baseline Tests

Test St	atus T	ime
FLO Pa	iss 1	1:56am 1:56am 1:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:57am

Preventive Maintenance Status: Pass

Pass

11:57am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 500	Instrument Location Cheroker Tribal Detention
Instrument Ser	al No. 008782 Cherokee, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 30 day of, 20 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health privices, and the instrument is functioning properly.
THE STATE OF THE S	CARCOLL 635
	Signature of Certifying Official Certificate Number

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 06/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

07/12/2019-07/12/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ooil R. Cuth

## SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1189
Test Date: 06/30/2020 Test Time: 1:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:06pm 1:06pm
FC	Pass	1:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:07pm 1:07pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;	County Tra	nsylvania Instrument Location Transylvania Co. Jail
serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;	Instrument Serial	No. 008609 Breyard, NC
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;		
<ul><li>(3) Initiate breath test sequence;</li><li>(4) Enter information as prompted;</li></ul>	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted;	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
(5) Verify instrument accuracy;	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
(6) When "PLEASE BLOW" appears, collect breath sample;	(6)	When "PLEASE BLOW" appears, collect breath sample;
(7) When "PLEASE BLOW" appears, collect breath sample;	(7)	When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;	(8)	Print test record;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the 29 day of Jone , 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	were performed of	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
THE GLAN VICENTAL SECTION OF THE STATE OF TH	S IN STATE ON NO S	
Signature of Certifying Official Certificate Number	Whomes	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 06/29/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C Permit Number: 24801E Effective: 07/01/2019-07/01/2021

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	1:01pm 1:02pm 1:03pm 1:04pm 1:04pm 1:05pm 1:06pm 1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

**Department of Health and Human Services** 

Rev. 12/2007

### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 899
Test Date: 06/29/2020 Test Time: 1:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

#### Temperature Tests

Status	Time
Pass	1:09pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:10pm 1:10pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	ransylvania Instrument Location Iran	sylvania Co. Jail
	Instrument Serial	No. 008820 Ba	vaid, NC
		aintenance procedures for the Intoximeters, Model Intox EC/IR II a 000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2 of	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
-	(5)	Verify instrument accuracy;	
60	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	
	were performed	ne Zq day of	ing preventive maintenance procedures ations of the N.C. Department of Health
100000	THE STATE ON THE STATE ON THE STATE OF THE S		668
4		Signature of Certifying Official	Certificate Number
1			

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 06/29/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: LOFTIS, BENJAMIN C
Permit Number: 24801E
Effective:
07/01/2019-07/01/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	12:55pm 12:56pm 12:56pm 12:57pm 12:58pm 12:59pm 1:00pm 1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1314
Test Date: 06/29/2020 Test Time: 1:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:03pm 1:03pm
FC	Pass	1:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:04pm 1:04pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	al No. 008649  Instrument Location Alayse Co. Detention CTL.  2016. Chestnut St. Golds  N. C
Instrument Seri	No. 001011 2012 1001 31. (1812)
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	1741 -
were performe	the day of, 20 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health privices, and the instrument is functioning properly.
STATE OF STA	CAROLL CA
# SSE QUAM VICE	Fines Kees 647
	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 06/17/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 4283
Test Date: 06/17/2020 Test Time: 10:48am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:48am 10:48am 10:49am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49am

Pass

10:49am

Preventive Maintenance Status: Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	Instrument Location Wayne Co.  al No. 008671  207 E. Ch.	
		N.C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 A whichever occurs first.	
were performed	the	eventive maintenance procedures of the N.C. Department of Health
ON STATE OF THE OWNER OWN	A CAROLLA CARO	

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 06/17/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	10:27am 10:27am
ACCY CHK	.07	10:28am
AIR BLK SUB TEST	.00	10:29am 10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 5079
Test Date: 06/17/2020 Test Time: 10:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:34am 10:34am
FC	Pass	10:34am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35am 10:35am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Ins	trument Seria	al No. DO 8879 207E. Chestnut St., Golds Bin
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W		theday of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
REAT	S IN STATE OF SUM 20, 1775	AGE CONTROL OF THE PROPERTY OF

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 06/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: A00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1287
Test Date: 06/17/2020 Test Time: 10:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County County	Instrument Location Vollain Co. 56-1
Instrument Seria	No. 008854 Vac/Kisvill- INC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the, 20 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
STATE OF THE STATE	CAROLULUS AND
ANAL STATES	Signature of Certifying Official Certificate Number

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 06/16/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	2:31pm 2:32pm
ACCY CHK	.08	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 698
Test Date: 06/16/2020 Test Time: 2:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:38pm 2:38pm 2:38pm 2:38pm 2:38pm
		1

#### Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:39pm

Preventive Maintenance Status: Pass

Pass

2:39pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Koli	Ka Instrument Location Volkin Co. Ja!	
Instrument Seria	rial No. OUSS44 Yudkinville, Me	
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enha 10,000 or higher) to be followed at least once every four months are:	nced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample:	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
were performe	on the, 20	procedures t of Health
STATE OF STA	A TOUR CAROLANDER OF THE PARTY	
Anna III	Signature of Certifying Official Certificate Numl	ber

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 06/16/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	D	0 21
DIAG	Pass	2:31pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst
is form is used when performing Preventive Maintenance proce

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1609 Test Date: 06/16/2020 Test Time: 2:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:39pm 2:39pm
FC	Pass	2:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst